



### Postal Service Customer Questionnaire

1. Please check the appropriate box to indicate whether you use the ENLOE Post Office for each of the following:

#### Postal Services

	Daily	Weekly	Monthly	Never
a. Buying Stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mailing Letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mailing Parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pick up Post Office box mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pick up general delivery mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buying money orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Obtaining special services, including Certified Mail, Registered Mail, Insured Mail, Delivery Confirmation, or Signature Confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sending Express Mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Buying stamp-collecting material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Other Postal Services

- a. Entering permit mailings ☐ YES ☐ NO
- b. Resetting/using postage meter ☐ YES ☐ NO

#### Nonpostal Services

- a. Picking up government forms (such as tax forms) ☐ YES ☐ NO
- b. Using for school bus stop ☐ YES ☐ NO
- c. Assisting senior citizens, persons with disabilities, etc. ☐ YES ☐ NO

If yes, please explain:

- d. Using public bulletin board ☐ YES ☐ NO
- e. Other ☐ YES ☐ NO

If yes, please explain:

2. Do you pass another Post Office during business hours while traveling to or from work, or shopping, or for personal needs?

☐ YES ☐ NO

If yes, please explain:



- If you have carrier delivery, there will be no change to your delivery service — proceed to question 4. If you currently receive
3. Post Office box service or general delivery service, complete this section. How do you think carrier route delivery service compares to your current service?

☐ Better

☐ Just as Good

☐ No Opinion

☐ Worse

If yes, please explain:

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4. For which of the following do you leave your community? (Check all that apply.) Where do you go to obtain these services?

☐ Shopping

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☐ Personal needs

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☐ Banking

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☐ Employment

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☐ Social needs

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5. Do you currently use local businesses in the community?

☐ Yes ☐ No

If yes, would you continue to use them if the Post Office is discontinued?

☐ Yes ☐ No

## Mailing Address

Name:

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Address:

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Telephone:

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Date:

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Please add any additional comments on a separate piece of paper and attach it to this form. Thank you for taking the time to complete this questionnaire.